

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590135

FILING DATE

28 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4	/		/			
5		10		3		
6		10		3		
7		10		3		
8		10		3		
9		10		3		
10	/		/			
11		1		1		
12		2		1		
13	/		/			
14		10		3		
15		10		3		
16		10		3		
17		10		3		
18		10		3		
19	/		/			
20	/		/			
21		10		1		
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50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	18	←	34	←		←
TOTAL CLAIMS	24		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						